

## State of Washington

For Ecology Use Fee Paid /

Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

CONTACT - s above  EEW K F/ s Same	State WA Zip PERSON SHER	p+4 <u>9890</u> S TO CALL	Work Tel:(_\) \[ \begin{align*} +973& \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	APPLICA	-
CONTACT - s above  EEN K FI SS SAME	PERSON	TO CALL	ABOUT THE	APPLICA	
s Same			Home Tel:(ら		000000000000000000000000000000000000000
s Same			_ 1101110 101.	109) 966	2971
			Work Tel:(5		
	State WA Zip		3 + 9732 FAX:(		
applicant Col					
STATEMEN	T OF INT	ENT			
er second) from a l Domestic / ON OF THE PLACE	Surface water AGRICULE OF USE. (	er source or   TURE IR See instruction	ground water sound RIGA7/0 N/S700 ons.) NOTE: A tax p	rce (check only warffrage) arcel number	y one) for the ACH A "LEGAL" or a plat number is
From 5/1/ WATER SO	98 to 9	130198 EARLY	FOR TRIPLE	\$ 1 V E	
E WATER					
unnamed, write "uneam," etc.:		spring, A	permit is desired for	or	well(s).
	of water):	5	Size & denth of well	O. CASIN	6 SIZE 6"
mio (mano or oog)	or water,				
			90,		
rth-south and eas	t-west distanc	es in feet fro	om the point of div	ersion or wit	hdrawal to the
on corner:			4		9
	Township	Range(E/W)	County	If location of s	ource is platted, complete below: k Subdivision
i	equests a permit to er second) from a longestic / NOFTHE PLACE imum annual quantif the water use is promediated from 5 / 1 / WATER SOURCE WATER  er source and indication amed, write "uneam," etc.:  versions:  into (name of body)	equests a permit to use not more er second) from a surface water second from a surface water second from of the PLACE OF USE. (a imum annual quantity to be used if the water use is proposed for a second from	equests a permit to use not more than	equests a permit to use not more than	equests a permit to use not more than

ECY 040-1-14 Rev. 9/95 F

**APPLICATION** 

Appl. No.: 6-4-32672

A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system? YES DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 2 Type of connection 14 omes
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.)  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 5
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	UseAcres
	UseAcres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>□ YES ⋈ NO</li> </ol>
E.	Farm uses: Stockwater - Total # of animals Animal type Horses (If dairy cattle, see below) Dairy - # Milking # Non-milking

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES NO

YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Drive west on Nob Hill Blvd., to 80th Ave.

Turn left (South) on 80th Ave.

Drive one block, turn right (west) at West Valley Tavern onto Wide Hollow Rd. 3rd house on the right hand side of road. Blue ranch style with used brick. Farm is enclosed with chain link fence. Security gate at entrance of driveway.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

 ~	~ ~ ~ ~ ~ ~ ~ ·	 NERSHIP

Does the applicant own the land on which the water will be used?

			32°
В.	Does the applicant own the land on which the water source if no, submit a copy of agreement:	s located?	YES - NO
orde and	tify that the information above is true and accurate to the berto process my application, I grant staff from the Department monitoring purposes. Even though I may have been assisted employees of the Department of Ecology, all responsibility for the beautiful and the state of the Department of Ecology.	ent of Ecology access to the interpretation of the the accuracy of the inf	the site for inspection ne above application by
orde and the e me.	r to process my application, I grant staff from the Departme monitoring purposes. Even though I may have been assisted imployees of the Department of Ecology, all responsibility for	ent of Ecology access to the in the preparation of the colors of the colors are the colors and the colors are t	the site for inspection ne above application by

We are returning your application for the following rea	ason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested ab(date,		application by
(aae,		
cology staff	Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

**APPLICATION** 

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).